

Case Number:	CM15-0115512		
Date Assigned:	06/23/2015	Date of Injury:	03/17/2014
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male, who sustained an industrial/work injury on 3/17/14. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral disc degeneration. Treatment to date has included medication and diagnostics. MRI results were reported on 9/29/14. X-Rays results were reported for degenerative disc disease at L5-S1 per PR-2 report on 5/11/15. Currently, the injured worker complains of low back pain and bilateral leg numbness. Per the primary physician's progress report (PR-2) on 5/11/15, examination revealed tenderness and decreased range of motion to the lumbar spine, spasm, straight leg raise positive, and decreased sensation at L5-S1. Current plan of care included epidurals. The requested treatments include Lumbar epidural steroid injection at the levels of L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar epidural steroid injection at the levels of L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury and March 2014 and continues to be treated for radiating back pain. When seen, there was lumbar spine tenderness with decreased range of motion. There was positive straight leg raising with decreased lower extremity sensation. An MRI of the lumbar spine included findings of multilevel spondylosis with findings including moderate nerve compression at L3 on the left and L4 on the right. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents positive neural tension signs and decreased strength and sensation and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. The criteria are met and the requested epidural steroid injection is considered medically necessary.